This Instrument Prepared By and Returned To:

Concord Title
3000 Meridian Blvd.
Ste. 140
Franklin, TN 37067
File No. 20191694

After Recording Return To The Above.

I hereby swear or affirm that the actual consideration for this transfer, or the value of the Premises, whichever is greater, is **$260,500.00**, which is equal to or greater than the amount the Premises would command at a fair and voluntary sale.

Affiant

Sworn to and subscribed before me this 29th day of April, 2019.

Notary Public
My Commission Expires: 6-26-21

Karen Johnson Davidson County
Batch# 224725 **DEEDWARR**
05/02/2019 09:20:07 AM 7 pgs
Fees: $38.00 Taxes: $963.85

20190502-0040724

JAMES R. THOMPSON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

WARRANTY DEED

THIS INDENTURE, made this 29th day of April, 2019, among:

RONALD L DENNIS AND DONNIE DENNIS AND MICHAEL DENNIS AND LISA YEARGIN AND MELODY DENNIS

of TN Counties County, Tennessee, their trustees, executors, heirs, successors and/or assigns (the "**Grantor**")
AND

MUSIC CITY HOLDINGS, LLC
A TENNESSEE LIMITED LIABILITY COMPANY

of TN Counties County, Tennessee, their trustees, executors, heirs, successors and/or assigns (the "**Grantee**").

WITNESSETH:

THAT the Grantor, for and in consideration of $10.00 Dollars and other good and valuable consideration, paid in hand, the receipt and sufficiency of which is hereby acknowledged, does grant, bargain, sell, transfer, convey and set over unto Grantee the following described real property hereinafter referred to as the "Premises".

Land in Davidson County, Tennessee, being Lot No. 1, of Block 15 on the Plan of Charlotte Park 2nd Addition to Nashville of record in Plat Book 57, Pages 160 and 161, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being the same property conveyed to Clyde T. Dennis and wife, Marie Dennis by Warranty deed from Billy F. Ross and wife, Nelle H. Ross of record in Instrument No. 20020912-0110991 Register's Office for Davidson County, Tennessee, dated September 11, 2002 and recorded on September 12, 2002.

Clyde T. Dennis and wife, Marie Dennis were married at the time they took title to the Premises and were never legally separated or divorced. Clyde T. Dennis died on or about February 24, 2019. Marie Dennis died on or about December 23, 2012.. Leaving Ronald L Dennis, Donne Dennis, Michael Dennis Lisa Yeargin, and Melody Dennis as heirs at law. A copy of the death certificate is attached as exhibit A copy of Will is attached as Exhibit B.

Being also known as 3901 Park Avenue Nashville, Tennessee 37209.

TOGETHER WITH AND SUBJECT TO all hereditaments and appurtenances deriving therefrom or appertaining thereto including, without limitation, matters filed for record with the aforesaid Register's Office and/or shown on plats or maps of same, if any; further releasing all claims to homestead and dower therein. TO HAVE AND TO HOLD THE Premises by the Grantee, their heirs and assigns forever.

SUBJECT TO all applicable restrictions, easements, agreements, notations, setback lines and/or matters

affecting the Premises filed for record in the aforesaid Register's Office.

FURTHERMORE, the Grantor hereby covenants with Grantee that they are lawfully seized in "fee simple" of the Premises, have full power, authority and right to convey the same; that the Premises are free from all liens, other than those described above and property taxes for the current year, which shall be prorated between the parties on the date title to the Premises is transferred to Grantee, the payment of which shall be the responsibility of Grantee; and that Grantor will forever warrant and defend the Premises and title thereto against lawful claims of **ALL PERSONS WHOMSOEVER.**

THE SOURCE of the above description is derived from the previous deed of record, no boundary survey having been made at the time of this conveyance.

WHENEVER in this instrument a pronoun is used it shall be construed to represent either singular or plural, as the case may demand.

IN WITNESS WHEREOF the undersigned have executed this instrument on the date first above written.

Ronald L. Dennis

Ronald L Dennis

Donnie Dennis

Donnie Dennis

Michael Dennis

Michael Dennis

Lisa Yeargin

Lisa Yeargin

Melody Dennis

Melody Dennis

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Ronald L Dennis, Donnie Dennis, Michael Dennis, Lisa Yeargin, and Melody Dennis, the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal this 27th day of April, 2019.

Kimberly James

Notary Public
My Commission Expires: 12/11/22

KIMBERLY JAMES
STATE OF TENNESSEE
NOTARY PUBLIC
CHEATHAM COUNTY
My Commission Expires 12-11-2022

Owner Name & Property Address:

Name: Music City Holdings, LLC
Address: 3901 Park Avenue
City, State, Zip: Nashville, TN 37209

Responsible Party For Taxes:

Name: Music City Holdings, LLC
Address: 3901 Park Avenue
City, State, Zip: Nashville, TN 37209

Tax ID: 092-13-0-112.00

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 010965

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: CLYDE THOMAS DENNIS				2. SEX: MALE	3. DATE OF DEATH: 02/24/2019	
4. TIME OF DEATH (Approx.): 01:08	4a. AGE: 89	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 09/17/1929	7. BIRTHPLACE: TENNESSEE RIDGE, TN	
8a. PLACE OF DEATH: OTHER RESIDENCE						
8b. FACILITY NAME: 602 JAMES AVE		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: WIDOWED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: SECURITY GUARD		11b. KIND OF BUSINESS/INDUSTRY: MADISON MILLS, INC	
12. SOCIAL SECURITY NUMBER: -1080	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 3901 PARK AVE		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37209		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO	
15. DECEDENT'S EDUCATION: 5TH GRADE OR LESS		16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE		
18. FATHER'S NAME: LONNIE DENNIS			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MYRTLE RUTH EARON			
20a. INFORMANT'S NAME: RONALD LEE DENNIS		20b. RELATIONSHIP TO DECEDENT: SON		20c. MAILING ADDRESS: P.O. BOX 92347, NASHVILLE, TN 37209		
21a. METHOD OF DISPOSITION: BURIAL		21b. PLACE OF DISPOSITION: HARPETH HILLS MEMORY GARDENS		21c. LOCATION: NASHVILLE, TN		
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ BILLY GRANGE		22b. LICENSE NUMBER: 5848	22c. SIGNATURE OF EMBALMER: /s/ Michael Paul Hobre		22d. LICENSE NUMBER: 5353	
23a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME AND CREMATORY, 6962 CHARLOTTE PIKE, NASHVILLE, TN 37209-4208					23b. LICENSE NUMBER: 1016	
24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III				25. DATE FILED: 03/01/2019		

26. CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
/s/ ANH THI MEADOWS	045572	02/28/2019

27d. NAME AND ADDRESS: ANH THI MEADOWS 1716 PATTERSON STREET, NASHVILLE, TN 37203

28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		APPROXIMATE INTERVAL: ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. END STAGE RENAL DISEASE	
	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED? NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	NO	N/A

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY
	34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY	

TH-1659 (Rev. 6/2017) RDA 10112

11026582

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

MAR 01 2019

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

11026582
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1207703

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Pearlie Marie Carrell Dennis		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): December 23, 2012
4. TIME OF DEATH (Approx.): 7:30 AM	4a. AGE-Last Birthday (Years): 79	4b. UNDER 1 YEAR: Months / Days	4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Month, Day, Year): September 4, 1933	6. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee		

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED ELSEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's Home ☐ Other residence ☐ Other (Specify)

6b. FACILITY NAME (If not institution, give street and number): 3901 Park Avenue	6c. CITY OR TOWN: Nashville	6d. COUNTY OF DEATH: Davidson	
7. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married	10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Clyde T. Dennis	11a. DECEDENT'S USUAL OCCUPATION: Homemaker	11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. SOCIAL SECURITY NUMBER: -1154	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3901 Park Avenue	13e. INSIDE CITY LIMITS: ☒ Yes ☐ No	13f. ZIP CODE: 37209	14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Funeral Director or Institution) 3

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☒ High School graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

18. FATHER'S NAME (First, Middle, Last): Harvey Carrell	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Georgia Bennett

20a. INFORMANT'S NAME: Clyde T. Dennis	20b. RELATIONSHIP TO DECEDENT: Spouse	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3901 Park Avenue, Nashville, TN 37209

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens	21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Illobre	22b. LICENSE NUMBER: 5352	22c. SIGNATURE OF EMBALMER: ▶ Saunders, Heather	22d. LICENSE NUMBER: 5056

23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home,6962 Charlotte Pike, Nashville, TN 37209	23b. LICENSE NUMBER OF FUNERAL HOME: 1016

24. REGISTRAR'S SIGNATURE: ▶ Larry B Kelley Jr, DR	25. DATE FILED (Month, Day, Year): Dec 27, 2012

26. CERTIFIER (Check only one):
26a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER RECEIVES COPIES DEATH MUST COMPLETE AND SIGN WITH 72 HOURS

27a. SIGNATURE OF CERTIFIER: ▶	27b. LICENSE NUMBER: 2029	27c. DATE SIGNED (Month, Day, Year): 12-27-12
	27d. NAME AND ADDRESS	

26. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. CHF	1 y
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown	32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? ☐ Yes ☐ No	34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
	34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1389
VH-1650 (Rev. 8/2011)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

56573976

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Teresa S. Hendricks
STATE REGISTRAR

Date Issued:

CERTIFICATION OF VITAL RECORD

WILL

Unmarried with Adult Children

Will of Clyde T Dennis

I, Clyde T Dennis of Nashville, Tennessee

make this my Will. I revoke any other Wills and codicils made by me.

1. Family

I have six children, Ronald, Debra, Donnie, Michael, Lisa, Melody, my children. The term "my children" includes the aforementioned children.

I have eleven grandchildren, Tracie, Angela, Ashley, Steven, Kelly, Katrina, Donnie Jr., Devry, Brandy, Jeremy, Joshua, my grandchildren. The term "my grandchildren" includes the aforementioned grandchildren.

2. Special Request

All of my grandchildren, that survive me, will receive one thousand dollars, each.

3. Residuary Estate

A. I give my residuary estate, that is, all of my property, real, personal, and mixed, of whatever kind and wherever situated, of which I may die possessed, in equal shares to my children.

B. If a child does not survive me, then the deceased child's share devolves, in equal shares, to my surviving children.

4. Appointment of Fiduciaries

A. Executor, I appoint Ronald L. Dennis to serve as my executor. If Ronald L. Dennis cannot serve, then I appoint Lisa D. Yeargin to serve as my executor.

B. No bond shall be required of my executor.

Initials CTD GRW CHB Date 5/15/13

Testator Witness Witness

Will of Clyde T. Dennis (continued)

5. Miscellaneous

My executor shall exercise all powers conferred by law, in addition to the following powers, which are to be exercised in the best interest of my estate.

A. To hold and retain any property owned by me.

B. To sell, exchange, or lease any property.

C. To settle claims.

D. T o pay all debts and taxes with money in my accounts.

E. To do all other acts necessary for the proper management, investment, and distribution of my estate.

F. To take all actions to have the probate of this Will conducted as free of court supervision as possible.

I have signed this Will in the presence of the undersigned witnesses on this 15, day of MAY, 2013, at NASHVILLE, State of TENNESSEE, and declare it is my Will, that I signed it willingly, that I executed it as my free and voluntary act for the purpose expressed herein, and that I am of legal age and sound mind.

(signature) Clyde T Dennis

The foregoing instrument was on said date subscribed at the end thereof by CLYDE T DENNIS, the above named testator who signed, published, and declared this instument to be his Last Will and Testament in the presence of us and each of us, who thereupon at his request, in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto. We are of sound mind and proper age to witness a will and understand this to be his will, and to the best of our knowledge testator is of legal age to make a will, of sound mind, and under no constraint or undue influence.

(signature) Gina Grace Walker residing at 5062 Station Dr Pegram TN 37143

(signature) Cathy Gibbs Brown residing at 1224 Bending Creek Drive Nashville, TN. 37013

Initials CTD GRW CHB

Testaor Witness Witness

Page 2 of 2

CAMERON W. WALKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Cameron W. Walker

My Commission Expires MAR. 7, 2017

Self-Proving Affidavit: Form 1

Affidavit

We, Gene R Walker
Cathy Gibbs Bunn
and
Clyde T Dennis
the testator and the witnesses, whose names are signed to the attached instrument in those capacities, personally appearing before the undersigned authority and being first duly sworn, declare to the undersigned authority under penalty of perjury that:

(1) the testator declared, signed and executed the instrument as his or her last will;

(2) he or she signed it willingly or directed another to sign for him or her;

(3) he or she executed it as his or her free and voluntary act for the purposes therein expressed; and

(4) each of the witnesses, at the request of the testator, in his or her hearing and presence and in the presence of each other, signed the will as witnesses and that to the best of his or her knowledge the testator was at that time of full legal age, of sound mind, and under no constraint or undue influence.

Testator: CLYDE T DENNIS

Witness: Gene R Walker
Address: 502 Stahr Dr Pegram TN 37143

Witness: Cathy Gibbs Bunn
Address: 1224 Bending Creek Dr. Nashville TN 37013

Witness:
Address:

Subscribed, sworn, and acknowledged before me, Cameron W. Walker
a notary public, by CLYDE T DENNIS
the testator, and by
and Gene Walker, Cathy Gibbs Bunn
the witnesses, this 15th day of May, 2013.

Cameron W. Walker
Signature of notary public

[NOTARY SEAL] My commission expires: My Commission Expires Feb. 7, 2017

CAMERON W. WALKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY